

**LONG TERM CARE AND HEALTH NEEDS OF  
AMERICA'S NATIVE AMERICAN ELDERS**

**PART II**

Testimony submitted to the Senate Select Committee on Indian Affairs

by

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## **TESTIMONY**

Mr. Chairman, and Honored Members of the Committee, I am also honored and grateful for the opportunity this speak. I serve as the Director of Research at the National Resource Center on Native American Aging (NRCNAA) and have worked in close collaboration with Mr. McDonald throughout this project. My comments are an extension of those just presented by Mr. McDonald and will deal with the issue of increasing numbers of Native Americans with functional limitations reflecting a growth in the need for long term care services. I will also comment on strategies for decreasing the number of individuals with functional limitations.

## **FINDINGS**

### **Functional Limitations**

Chronic disease varies widely with some people minimally affected while others have significant levels of disability. The level of disability is related to functional limitations in the population, and is used as criteria for admission to nursing homes, assisted living and to community based long term care programs. Nearly all definitions of functional disability use information about “activities of daily living” (ADLs) and “Instrumental activities of daily living” (IADLs). Examples of ADLs include difficulties such as eating and walking with IADLs focusing on limitations like cooking and shopping.

### **A Classification of Functional Limitations**

When ADLs and IADLs are combined, people can be classified into four levels of need. The associated care requirements can be identified as ranging from no long-term care services needed to home and community based care, to assisted living support and to skilled nursing care (see Table 1).

Using these categories, we are able to estimate the numbers of people at these different levels of need and determine the need for different levels of long term care services.

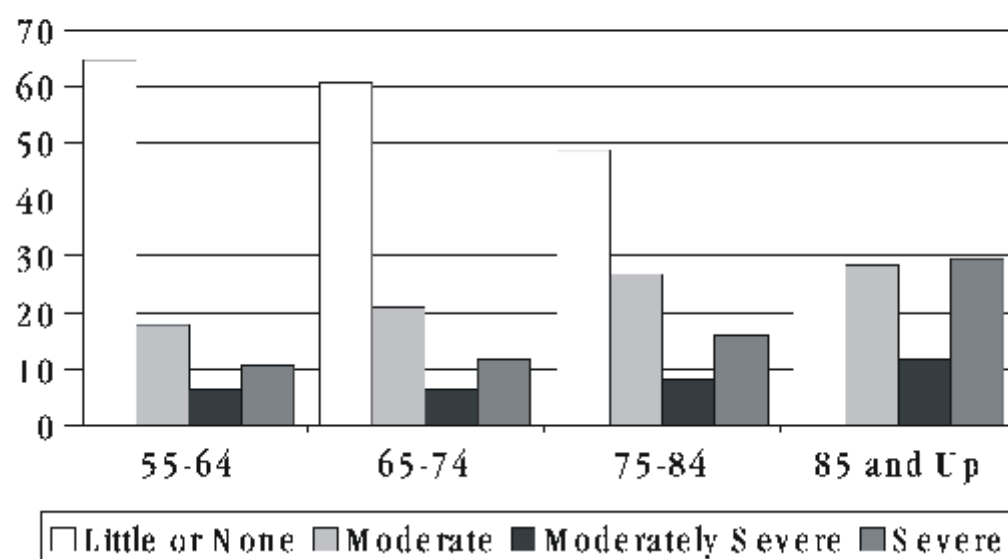
Table 1

Functional Limitation Categories

Categories	Limitations
Little or none	No ADL limitations, up to one IADL limitation
Moderate	One ADL limitation alone or in combination with fewer than 2 IADLS
Moderately Severe	2 ADL limitations
Severe	3 or more ADL limitations

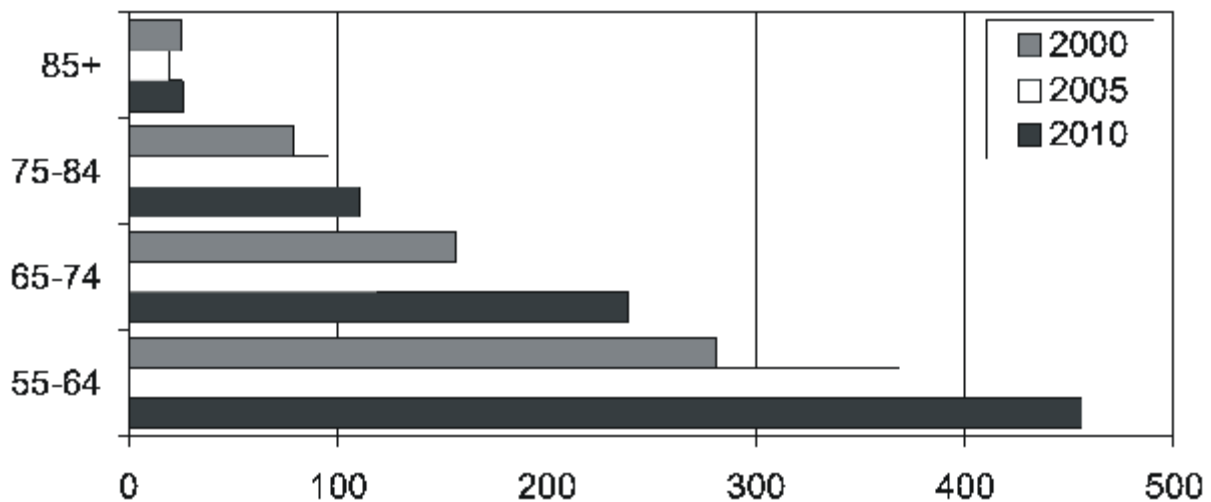
The prevalence of functional limitations increases with age and the severity of limitations also increases with age. Figure 1 contains the data from our surveys regarding functional limitation rates for Native American Elders. It is clear that the rates for all levels from Moderate to Severe increase with age and that they do so most dramatically in the oldest cohorts.

**Figure 1. Functional Limitation Rates by Age:  
Native American Elders 2000**



As the population ages, there will be an increased need for long term care services. The numbers of people classified as elders in the Native American population is about to explode with the arrival of those born during the baby boom (Figure 2). When one combines the population data with the measure of functional limitation, a picture of the growth in need for long term care is generated (see Figure 3). The most dramatic growth will occur as a result of the large numbers present in the baby boom cohorts. In the next decade, this growth will expand the population of “young old”, and barring any change, will increase the need for moderate levels of care consistent with home and community based services at a rate greater than other cohorts.

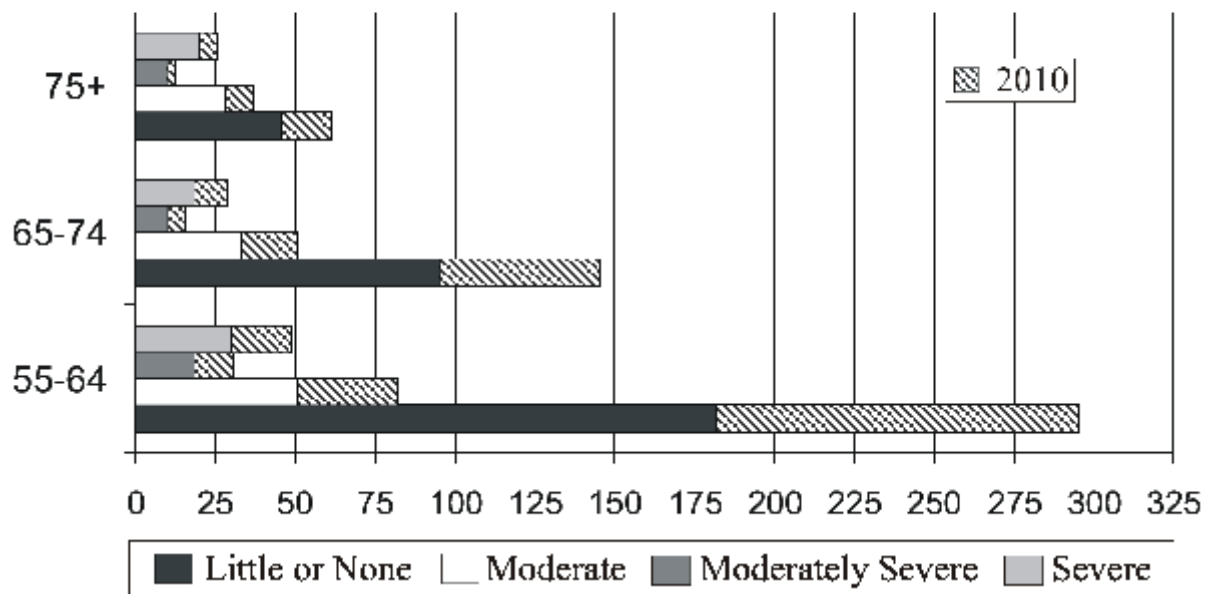
**Figure 2. Population Changes by Age: 2000 to 2010**



Life expectancy for Native American Elders has been growing rapidly and should be expected to grow in the future. Population projections developed using IHS life tables and Census data show that as of year 2000, the nation has approximately 218,000 Native American Elders with functional

limitations of a moderate or greater level. As the population ages, the number of elders with functional limitations will grow assuming the same rates of disability are continued. By 2010, as shown in Figure 3, we can expect an 51% increase or approximately 329,000 Native elders to have functional limitations of moderate or more severe levels. The large numbers of people becoming elders and early ages of onset for many chronic diseases that produce functional limitations creates a conservative estimate of growth in functional limitations to the end of the decade.

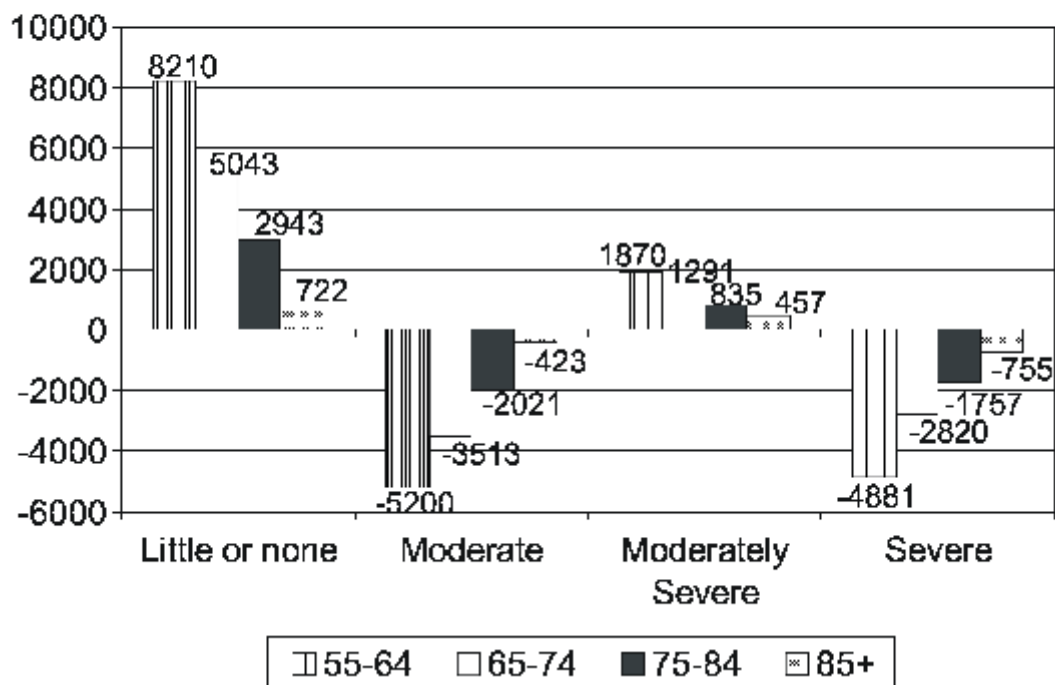
**Figure 3. Population with Functional Limitations by Age: 2000 and 2010**



The health and vitality of future elders depends on healthy lifestyles including good diets, regular exercise and refraining from drinking and smoking. If people take care of themselves, they can reduce the need for long term care services. Access to preventive and other health services is important for delaying onset of illness as well as effectively treating diseases. If we reduce only 10% of Native

American and Alaskan Natives limitations, we would see a significant decrease in demand for long term care services. Figure 4 presents the changes in numbers of people with each level of limitation that would occur with a 10% across the board reduction in functional limitations that could occur with improved health promotion and access to state of the art health care.

**Figure 4. A Model of Changes in the Population with Functional Limitations by 2010 with a 10% Reduction**



## RECOMMENDATIONS

Based on our study findings we have recommendations that we believe merit your consideration. First, given the increase in life expectancy and the increase in the Native elder population, we recommend the following.

1. An initiative to develop intervention and health promotion models that lead to improved outcomes for Native Americans and Alaskan Natives as they enter their elder years. While promoting health behavior is relevant to individuals across the life span, an intense focus on our current cohort of “young elders” can influence health care status and related new demand for more expensive care. These health promotion efforts must incorporate elements of each unique culture.
2. Long term care services, ranging from home care to assisted living to skilled nursing care are largely unavailable in local communities for Native Americans living on reservations. Leaving one’s community, family and friends to reside in non-native and occasionally hostile assisted living, or nursing home environment is clearly not adequate. Since there are no nursing homes on the reservation in North Dakota for example, the elders are usually sent to the border towns for skilled nursing home facilities when they need care. In addition to being in a strange environment, unfortunately, we are well aware of cases where Native American elders are met with hostility by non Native Americans in those environments. A locally accessible array of long term care services will be needed for this aging population. Tribes should be allowed and supported to integrate local cultures into their long term care solutions experimenting with models that are tailored in terms of both the types of care that work best, and the means by



which local communities can realistically produce the care required. Also, simplifying the process of creating long term care options and assisting reservation communities in developing local responses acceptable to federal and state agencies would greatly help.

3. Increased support for targeted research on Native American aging and related educational and capacity building programs is essential to help fill gaps in information and help tribes anticipate emerging health care needs. Many questions remain to be addressed. One cannot show a difference in health care problems and then speak to need without developing a way of monitoring change. One also cannot assume that the trends of the nation will be echoed in the Native American population.

## **SUMMARY**

In closing, I would like to leave with three points of importance to the Native American and Alaskan Native people. The first point is the need to reduce chronic diseases and functional limitations, so our Nation's Native American elders might have a better quality of life, thus increasing access to care, and reducing the demand for health services. The second is to eliminate disparities across tribes, and between Native American elders and the general population, increase life expectancy, which can be partly remedied if the first point is resolved. The last point goes back to the tribes who have completed the needs assessment. In a huge majority of these tribes, we see the data being used for planning and the building of long term care infrastructure where there is none. Therefore, the last point is to address the shortages or lack of long-term care options in Indian Country.

Thank you for allowing us to come and testify about the needs of the Nation's Native elders, we would

be happy to answer any questions.